

## CRISIS CONTACT REPORT (Handwritten)

DATE OF INCIDENT: \_\_\_\_\_ CRIME CATEGORY: \_\_\_\_\_ DR REPORT# \_\_\_\_\_

VICTIM NAME: \_\_\_\_\_

ADDRESS/PHONE \_\_\_\_\_

DOB/AGE: \_\_\_\_\_ RACE: \_\_\_\_\_ GENDER: \_\_\_\_\_

CONTACT FORM: ON-SCENE \_\_\_\_\_ OTHER (SPECIFY): \_\_\_\_\_

RESPONDING OFFICER: \_\_\_\_\_ VAPS: \_\_\_\_\_

CALL TIME: \_\_\_\_\_ TIME OF ARRIVAL ON-SCENE: \_\_\_\_\_ END TIME: \_\_\_\_\_

REASON FOR CRISIS CONTACT:

CONTACT SUMMARY: (Include People involved at the scene, People living at the house (if applicable), and VAPS Involvement)

FOLLOW-UP:

DATE/TIME DISCUSSED WITH VAPS COORDINATOR: \_\_\_\_\_

\_\_\_\_\_  
Victim Assistance Program Specialist Signature

\_\_\_\_\_  
Date

COMPLETED REPORT MUST BE DELIVERED TO VAPS COORDINATOR WITHIN 48 HOURS AFTER "END TIME" ABOVE